FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000052255 (1)

THE MORTGAGE APPROVAL HOTLINE, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State

813



4401 W KENNEDY BLVD STE 350 4401 W KENNEDY BLVD STAMPA FL 33609 TAMPA FL 33609			350						
TAMPA FL 33609		IAMPA PL 33009				DO NOT WRITE IN THIS SPACE			
						Date incorporated or O	tualified		
						06/12/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	1507/-		plied For
21 400	n Tampa St		100	$\alpha \leq$	<u>+</u>	59-39	5376		1 Applicable
Suite, Apt. #, etc.				•		5. Certificate of Status De	sired	\$8.75 A	
22 Suite 20 27 Suite 20								Fee Re	
City & State City & State				a		6. Election Campaign Fina		\$5.00	
23 Tampa Fla 28 Tampa Touring Country						Trust Fund Contribution		Added to	
Zip → O O /		•		8. This corporation owes of	•		angible TNo		
24 33(6) 25 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									110
	<u></u>	- January Barra	B1	Name					
BEYER, DAVID A									
101 E KENNEDY BLVD STE 2000					Address	(P.O. Box Number is Not	Acceptable)		
TAMPA FL 33602							-		
			L	ļ					
1			84	City			FI	85 Zip (Code
At Directed to the province of Sections 607.0502 and 607.1508. Excide Statutes, the phove named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
V 1									
SIGNATURE Signature, typed & printed pain of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE									
12,	OFFICERS AND (DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTOR	S IN 12
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NAME			6.2 NAME						
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CITY-ST-ZIP			6.4 CITY-		1				
indiantad	certify that the information supplied with on this appual report or supplemental a	annual zonart is trua and accurs	sta and t	nat mu cini	anatura s	chall have the came lenal e	offect as it made i	under oath: tha	ariaman i
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.									